

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (7)

CERTIFICATE OF DEATH

C6066

Reg. Dint. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Chestertown - Rural Pomon
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Pomon - Chestertown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Samuel Nelson Bass

3.(b) Social Security Number

4. Sex

Male

5. Color or race

Col.

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Mary E. Bass

7. Birth date of deceased (mo., day, yr.)

about 1861

6.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

85--

hrs.

min.

9. Birthplace

King William's Co. Va.
(Town, county, and state)

10. Usual occupation

farmer

11. Industry or business

farm

FATHER

12. Name

unknown

13. Birthplace

unknown

MOTHER

14. Maiden name

unknown

15. Birthplace

unknown

16. Informant

Mary E. Bass (wife)

Address

Chestertown Md. R.F.D.

17.

Burial
(Burial, cremation, or removal, Which?)

Date thereof

June 11 - 1946
(month) (day) (year)

Cemetery or crematory

Pomon Cemetery

Location

Asker Neck

18. Funeral director

ASBURY HENRY

Address

CHESTERTOWN Md

19.

June 9, 1946
(Date rec'd by registrar)Clara L. Barnes
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1946 at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 25, 1946 to June 9, 1946and that I last saw him alive on June 7, 1946Immediate cause of death Arterio sclerosis DURATION 2Due to Age

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. G. Simpson M. D. or otherChestertown Date signed 6-9-46

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JUN 12 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

66067

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Hennepin
 City or town Coleman Norton and Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 years
 Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Hennepin
 City or town Rural Norton and
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Coleman Norton and
 (If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Arrie Butler

3. (b) Social Security Number

4. Sex Female5. Color or race Col.6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Henry Butler6. (c) If alive, give age 66 years7. Birth date of deceased (mo., day, yr.) June 7 18908. AGE: Years 56 Months 8 Days 8 It less than one day _____ hrs. _____ min.9. Birthplace Coleman Rural Norton and Hennepin, Md.
(Town, county, and state)10. Usual occupation Cook11. Industry or business Cooking12. Name Perry Brooks13. Birthplace Coleman Rural Norton and14. Maiden name Mary Jones15. Birthplace Coleman Rural Norton and16. Informant Henry ButlerAddress Norton and Rural Coleman17. Burial Date thereof June 18 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Coleman Rural Norton andLocation Coleman18. Funeral director 3 R. Wellbros.Address Still Road and19. June 18 1946 Registrar J. W. Clout
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1946, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 13 1946 to June 15 1946and that I last saw her alive on 6-14-46 19

Immediate cause of death _____

Pericarditis - myocarditisdecompensationDue to hypertensionDue to arteriosclerosis

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert H. Burgard M. D. or other _____Address Rock Hill, Md. Date signed 6/17/46

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JUN 20 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06068

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... Kent
 City or town... Chestertown, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Kent
 City or town... Chestertown, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war... no

3. (a) FULL NAME

Novel Joseph Harris

3. (b) Social Security Number

4. Sex Male 5. Color or race colored 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife... none
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) March 5, 1930
 8. AGE: Years 16 Months 3 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace... Kent County - near Chestertown
 (Town, county, and state)
 10. Usual occupation... Student at High School
 11. Industry or business _____

FATHER
 12. Name... Wesley Harris
 13. Birthplace... Kent County
MOTHER
 14. Maiden name... Gertrude Wallace
 15. Birthplace... Kent County
 16. Informant... Elizabeth J. Bradshaw
 Address... Chestertown, Md. Sister
 17. Burial Date thereof June 15, 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory... Decker Neck
 Location... Pomona Kent Co. Md.
 18. Funeral director... J. Willis Wells
 Address... Chestertown, Md.

19. June 13, 1946 Clara L. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... June 12, 1946 at 3:47 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____
 and that I saw _____
 I signed _____
 I made a complete death _____
 Due to... Drowning
 Due to... Accidental
 Other conditions _____
 (Include pregnancy within 3 months of death) None

Major findings of operations... _____ Date of op. _____
 Autopsy results... None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Accident Date of June 14/46
 Where did injury occur? Chestertown, Kent Co. Md.
 (City or town) (County)
 Injured at home, farm, industry, public place (where?) Public Place
 Means of injury Drowning Injured at work? no
 23. SIGNATURE Clara L. Barnes M. D. or other no
 Address... Chestertown, Md. Date signed 6/13/46

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JUN 15 1946
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 20

CERTIFICATE OF DEATH

 06069 203
 ★ Reg. Dist. No.

1. PLACE OF DEATH:

County Kent
 City or town Rock Hall Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred: -
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Rock Hall Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Edesville
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Bertha Eliza Hersch

3. (b) Social Security Number

4. Sex female 5. Color or race wh. 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Reginald Hersch
 6.(c) If alive, give age 58 years
 7. Birth date of deceased (mo., day, yr.) July 17 1888
 8. AGE: Years 57 Months 10 Days 21 It less than one day hrs. min.

9. Birthplace Rock Hall, Md.
 (Town, county, and state)
 10. Usual occupation house
 11. Industry or business own home
 FATHER 12. Name Alfred A. Hersch
 13. Birthplace Kent Co., Md.
 MOTHER 14. Maiden name Mary Eliza Cooper
 15. Birthplace Rock Hall, Md.

16. Informant Reginald Hersch
 Address Rock Hall, Md.
 17. Burial Date thereof 6/10/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Wesley Chapel
 Location Rock Hall, Maryland
 18. Funeral director Wesley U. Williams
 Address Chesapeake, Md.
 19. 6/10 19 46 S. Elwood Burgess
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1946 at 12:15 P
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1944 to June 7 1946
 and that I last saw him alive on 6/6 19 46

Immediate cause of death Carcinoma of Breast
 Due to Metastases - lungs, spine, a.p.p.
 Due to _____
 Other conditions _____
 (Include pregnancy within 8 months of death)
 Major findings of operations Ca Breast
 Date of op. Sept 45
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Bertha Burgess M. D. or other _____
Rock Hall, Md. Date signed 6/10/46
 Address _____

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JUN 22 1946
BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195-9

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Worton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

John Ralph Hewitt

3. (b) Social Security Number

215-12*6776

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced single
 6.(b) Name of husband or wife none
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Jan. 24, 1922
 8. AGE: Years 24 Months 4 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Kent Co. Maryland
 (Town, county, and state)
 10. Usual occupation Powder plant
 11. Industry or business
 FATHER 12. Name Richard T. Hewitt
 13. Birthplace Maryland
 MOTHER 14. Maiden name Mary I. Powell (Hewitt)
 15. Birthplace Maryland

16. Informant Mr. Richard T. Hewitt (Father)
 Address Worton Kent Co. Maryland
 17. Burial Burial Date thereof June 4, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Church Hill Cem.
Queen Anne Co. Maryland
 Location
 18. Funeral director J. Willis Wells
 Address Chestertown, Md.
 19. June 3 19 46 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

June 1, 19468.05 A

20. DATE OF DEATH _____ 19 _____ at _____
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____
 Did not attend Investigated death
 signed certificate as Deputy Med. Exam.
 and that I last saw him _____ alive on _____

Immediate cause of death _____ DURATION _____
Burns Deep Laceration Neck
 Due to Explosion of Powder house
Also had mangling of both legs
 Due to Deep Laceration Hip
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations None Date of op. _____
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of June 1, 1946
 Where did injury occur? Chestertown Kent Co. Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Kent Mfr. Co.
 Means of injury Powder Explosion Injured at work? yes
 Signature Frank J. Jones M.D.
Stacy med. Exam.
Chestertown Md. M. D. or other
 Address _____ Date signed 6/1/46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

CERTIFICATE OF DEATH

06071

Reg. Dist. No. 202

1. PLACE OF DEATH:

County... Kent
 City or town... Kent & Queen Ann Hospital
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death... 11 days
 Hospital, institution, or street address where death occurred:
 Chestnut, Maryland
 How long in hospital or institution? 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Kent
 City or town... Park Hall
 (If outside city or town limits, write RURAL and give nearest town)
 Street No...
 (If rural, give LOCATION)
 2.(a) If veteran, name war... World War II

3. (a) FULL NAME

Vaughn Emory Hogans

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M

W

Single

6. (b) Name of husband or wife

Pearle

7. Birth date of deceased (mo., day, yr.)

January 16 1925

8. AGE:

Years

Months

Days

If less than one day

21

5

3

hrs.

min.

9. Birthplace

Park Hall, Maryland
(Town, county, and state)

10. Usual occupation

ice shaver

11. Industry or business

none + an place

12. Name

Emory V. Hogans

13. Birthplace

Park Hall - Maryland

14. Maiden name

Helen A. Hammacher

15. Birthplace

Baltimore, Maryland

16. Informant

Mr. Emory V. Hogans

Address

Park Hall, Maryland

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

6/24/46
(month) (day) (year)

Cemetery or crematory

Wesley Chapel

Location

Park Hall, Maryland

18. Funeral director

Maurice V. Williams

Address

Chestnut, Maryland

19. Date rec'd by registrar

June 24 1946

Clara S. Barnes

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 19

1946

at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him on the day of death. I signed medical certificate as follows:
 Fracture skull
 Fracture left femur

DURATION

11 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide

Date of

Where did injury occur

Kees Rock Hall

(City or town)

(County)

Injured at home, farm, industry, public place (where)

Means of injury

Duke's place

Injured at work?

no

23. Signature

Chestnut, Maryland

Date signed

June 21/46

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JUN 26 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

CERTIFICATE OF DEATH

 ★ 66072 203
 Reg. Dist. No.

1. PLACE OF DEATH:

County..... Kent
 City or town..... Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... all life
 Hospital, institution, or street address where death occurred:
 (Home)
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland..... County..... Kent
 City or town..... Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Joseph D. Synsam

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Jesse M. Synsam

7. Birth date of deceased (mo., day, yr.)

April 9 1874

8. AGE:

Years

Months

Days

If less than one day

72

1

23

hrs.

min.

9. Birthplace

Rock Hall - Kent Co. Md.
(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

MOTHER

12. Name

Joseph Synsam

13. Birthplace

Rock Hall - Maryland

14. Maiden name

Sarah Anna Ayler

15. Birthplace

Rock Hall - Maryland

16. Informant

Mrs Jesse M. Synsam

Address

Rock Hall, Maryland

17.

Burial

Date thereof

6/5/46

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory

Wesley Chapel

Location

Rock Hall, Maryland

18. Funeral director

Maurice V. Whitham

Address

Chesapeake, Maryland

19. June 3

19. 46

S. Elwood Burgess

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 2..... 19. 46..... at 1:40 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 21

19. 46

to June 2

19. 46

and that I last saw him alive on

6 - 1

19. 46

Immediate cause of death

DURATION

Chronic Endo-Myocarditis
 Due to Atherosclerosis
 arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (Where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE.....

Albert A. Burgard

M. D. or other

Address..... Rock Hall, Md..... Date signed..... 6/3/46

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JUN 14 1946
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

C6073

Reg. Dist. No. 208

1. PLACE OF DEATH:

County Kent
 City or town Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred: —
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. —
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Ella Judeline

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

female wh. married

B. (b) Name of husband or wife

Joseph Judeline

7. Birth date of deceased (mo., day, yr.)

March 9 18686. (c) If alive, give age 82 years

8. AGE: Years Months Days If less than one day
78 3 19 hrs. min.

9. Birthplace Rock Hall, Md.
(Town, county, and state)10. Usual occupation house work11. Industry or business own house12. Name John V. Coleman13. Birthplace Kent Co, Md14. Maiden name Julia Benton15. Birthplace Kent Co, Md16. Informant Jos. JudelineAddress Rock Hall, Md.17. Burial Date thereof July 1 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Wesley ChapelLocation Rock Hall Md18. Funeral director Edgar L. LaneAddress Clinton Hill Md19. 6/29 19 46 Silwood Bingham
(Date rec'd by registrar) registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 19 46 at 3:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 29 19 46 to June 28 19 46and that I last saw him alive on 6-28 19 46

Immediate cause of death

chron. endo-myocarditis
decompensation
Hypertension

Due to

Due to arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Albert A. BurgardAddress Rock Hall, Md Date signed 6/29/46

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JUL 3 1946

BUREAU V.B.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

66074 201
Reg. Dist. No.

1. PLACE OF DEATH:

County Kent
 City or town Lynch
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 23 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Lynch
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Haisy Estelle Kendall

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Ellwood Kendall
 6. (c) If alive, give age 72 years
 7. Birth date of deceased (mo., day, yr.) November 24 - 1878
 8. AGE: Years 67 Months 6 Days 6 If less than one day
 hrs. min.

9. Birthplace Rock Hall Md
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

12. Name Thomas E. Seyore

13. Birthplace Open Ave. Dr. Md

14. Maiden name Rebecca Rock

15. Birthplace Dover Delaware

16. Informant Mr. Ellwood Kendall

Address Lynch

17. Burial Date thereof 6-8-1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chester Cem.

Location Chestertown, Md.

18. Funeral director J. Willis Wells

Address Chestertown, Md.

19. June 7 19 46 J. McLaugh
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 19 46 at 5:2 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 19 45 to June 4 19 46

and that I last saw him alive on June 4 19 46

Immediate cause of death Carcinoma of Stomach

DURATION 2 mos.

Due to

Due to

Other conditions Diabetes Mellitus 2 years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W. Smith M. D. for other

Address Chestertown Date signed June 5/46

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JUN 20 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1862

CERTIFICATE OF DEATH

06075

Reg. Dist. No. 202

1. PLACE OF DEATH:

County... Kent

City or town... Chester town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Kent

City or town... GARDENIA

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

ANN Isobel KNAPP

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Louis R. Knapp

7. Birth date of deceased (mo., day, yr.)

JANUARY 19, 1862

8. AGE:

Years

Months

Days

If less than one day

84

4

20

hrs.

min.

9. Birthplace

Starlight Penn

(Town, county, and state)

10. Usual occupation

Practical nurse - housewife

11. Industry or business

12. Name

JONAS A. Pitcher

13. Birthplace

Red Hood, New York

14. Maiden name

Mary RANDALL

15. Birthplace

Stockport, Penn

16. Informant

Hosp. Records

Address

Chester town, Md.

17. Burial

Date thereof June 11 1946

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Rising Star Cemetery

Location

Hancock N.Y. (Illinois co.)

18. Funeral director

Maurice V. Williams

Address

Chesapeake, Md.

19. June 9 1946

(Date rec'd by registrar)

Clara S. Barnes

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 8 1946, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

JANUARY 25 1946, to JUNE 8 1946

and that I last saw her alive on JUNE 8 1946

Immediate cause of death

Senility

DURATION

Due to

Due to

Other conditions

Fractured hip

4 months

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Kentmore Park Md.

Injured at home, farm, industry, public place (where?)

Home

Means of injury

Fell while undressing

Injured at work? No

23. SIGNATURE

A. P. Sick, M.D.

Address

Chester town, Md.

M. D. or other

Date signed 6-8-46

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

JUN 11 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

CERTIFICATE OF DEATH

Reg. Dist. No. 06875 02

1. PLACE OF DEATH

County Montgomery
City or town Rock Hall
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death 1 day
Hospital, institution, or street address where death occurred Rock Hall Home Hosp
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Rock Hall
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1
(If rural, give LOCATION)
2. (a) If veteran, name war World War II

3. (a) FULL NAME

Robert Lewis Lipscomb

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife None

7. Birth date of deceased (mo., day, yr.) Sept 17, 1942

8. AGE: 3 Years 8 Months 15 Days 1 hr. 15 min.

9. Birthplace Rock Hall, Montgomery Co., Md.

10. Usual occupation None

11. Industry or business None

12. Name Robert Lewis Lipscomb

13. Birthplace Rock Hall, Md.

14. Maiden name Helen Mae Lewis

15. Birthplace Montgomery Co., Md.

16. Informant Records, Rock Hall Home Hosp

Address Rock Hall, Md.

17. Burial, cremation, or removal, Which? Burial Date thereof June 14 - 46

(month) (day) (year)

Cemetery or crematory Westly Chapel

Location Rock Hall

18. Funeral director Edgar J. Lane

Address Church Hill, Md.

19. Date rec'd by registrar June 14, 1946 Registrar Clara L. Barnes

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1946 at 4:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from admission to hospital until death and that I signed certificate of death.

Immediate cause of death Myocardial infarction

Shock

Due to Myocardial infarction

Due to Myocardial infarction

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations Myocardial infarction

Date of op. June 14, 1946

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None

Where did injury occur? Rock Hall, Md. (City or town) Montgomery (County) Md. (State)

Injured at home, farm, industry, public place, or where? Public Highway

Means of injury Struck by auto Injured at work? None

Signature of physician Edgar J. Lane M. D. or other None

Address Rock Hall, Md. Date signed June 14, 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUN 6 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Stent
 City or town Rural Horton Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 77 years

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Rural Horton Md
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William Walter Massey

3. (b) Social Security Number

220-01-8800

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Mary B. Massey

7. Birth date of

deceased (mo., day, yr.)

Mar 8 1874

8. AGE:

Years 77 Months 3 Days 20
 If less than one day _____ hrs. _____ min.

9. Birthplace Mountain Horton Md

(Town, county, and state)

10. Usual occupation Farm work11. Industry or business Farm

FATHER

12. Name James Massey13. Birthplace Stent Co Md

MOTHER

14. Maiden name Henrietta Parkes15. Birthplace Maryland18. Informant Mary B. MasseyAddress Mountain Rural Horton Md17. Burial Date thereof July 2 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory MountainLocation Horton Md Rural18. Funeral director A B B FellowsAddress Still Pond Md19. July 2 1946

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1946 at 3:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Stent 1946 to New York 1946and that I last saw him June 27 1946Immediate cause of death Myocardial infarctionDue to Arterio Sclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. _____

Autopsy results NO

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NO Date of _____Where did injury occur? None

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury None Injured at work? _____23. SIGNATURE Frank J. [illegible]Address Stent Md Date signed July 1, 1946

M. D. or other

Date signed

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED
JUL 6 1946
BUREAU V.B.

Mr. Clark

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

CERTIFICATE OF DEATH

Reg. Dist. No. 2102

1. PLACE OF DEATH:

County KentCity or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Anna Estelle Green Smith

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Oliver C. Smith7. Birth date of deceased (mo., day, yr.) December 17 - 1874 8. (c) If alive, give age 72 years8. AGE: Years 71 Months 5 Days 29 It less than one day _____ hrs. _____ min.9. Birthplace Baltimore
(Town, county, and state)10. Usual occupation Homemaker

11. Industry or business

12. Name Thomas Green13. Birthplace Baltimore14. Maiden name Anna Richmond15. Birthplace Baltimore16. Informant O. C. SmithAddress Chestertown17. Burial Date thereof June 18, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Chester CemLocation Chestertown, Md.18. Funeral director J. Willis WellsAddress Chestertown, Md.19. June 17, 1946 Clara S. Barnes

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1946 at 10:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 to June 15 1946and that I last saw her alive on June 15 1946Immediate cause of death Coronary ThrombosisDue to Cardiovascular Disease

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank W. SmithAddress Chestertown Date signed 6/16/46

M. D. or other _____

RECEIVED

JUN 19 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06073 302

1. PLACE OF DEATH:

County Kent
 City or town Chestertown, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Kent and Queen Anne's Hospital

How long in hospital or institution?

50 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 204 N. Queen Street
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Fannie E. Stuart

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 30, 1868

8. AGE: Years Months Days If less than one day

78 2 30 hrs. min.

9. Birthplace Chestertown, Kent Co., Maryland
 (Town, county, and state)

10. Usual occupation Retired school teacher

11. Industry or business

12. Name H. M. Stuart13. Birthplace Millington, Maryland14. Maiden name Martha Walraven15. Birthplace Delaware16. Informant Hospital RecordsAddress Chestertown, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof June 5, 1946
 (month) (day) (year)

Cemetery or crematory Chestertown Cem.Location Chestertown, Md.18. Funeral director J. Willis WellsAddress Chestertown, Md.

19. June 3 1946 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1946 at 2:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 13 1946 to June 2 1946

and that I last saw her alive on June 1 1946

Immediate cause of death

Coronary thrombosis

DURATION

14 hours

Due to Patient accidentally fell, trying to
and being run into by a little girl
 on a bicycle

Other conditions Fracture left hip

Due to accidental fall over
 (Include pregnancy within 8 months of death)

Major findings of operations Fractured left hip
 Date of op. 4-16-46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of April 13th, 1946

Where did injury occur? Chestertown Kent Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) in public place

Means of injury Accidental fall Injured at work?

23. SIGNATURE A. C. Dicks, M.D.

M. D. or other

Address Chestertown, Md Date signed 6-2-46

RECEIVED

JUN 5 1946

BUREAU V.B.